

Best Available Copy

MULTIPLE DEPENDENT CLAIM FEB CALCULATION SHEET (FOR USE WITH FORM 110-57)						SERIAL NO. 091 576 704		FILING DATE 5-22-00				
						CLAIMS						
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		NO.	OEF.	NO.	OEF.	NO.	OEF.
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